

OTHER STUDENTS REPORT

October 1, 2014 Enrollment and Free/Reduced-Price Eligibles

DEADLINE: OCTOBER 15, 2014

LEA # _____ SCHOOL DISTRICT _____

DISTRICT CONTACT PERSON _____ PHONE _____

Page ____ of ____

Duplicate form as needed
for additional programs

REQUIRED SIGNATURES:

Signature of person preparing this report

Date

This signature certifies that all students reported below are coded as free or reduced-price eligible based on an application, direct certification list, migrant list, homeless list or foster child list. These students are not reported on eSchoolPlus Cycle 2 Report.

Signature of Superintendent (SIGNATURE REQUIRED)

Date

I. ADULT EDUCATION STUDENTS:

☐ NOT APPLICABLE

TYPE OF PROGRAM (ALTERNATIVE EDUCATION, ETC.) _____

LEA# _____ NAME OF SCHOOL WHERE STUDENTS EAT _____

SCHOOL ADDRESS _____

ENROLLMENT AS OF 10-01-14 _____ # OF FREE ELIGIBLES _____

OF REDUCED-PRICE ELIGIBLES _____ # OF PAID ELIGIBLES _____

II. STUDENTS FROM OTHER DISTRICTS OR ADJACENT STATES:

☐ NOT APPLICABLE

TYPE OF PROGRAM (ALTERNATIVE EDUCATION, ETC.) _____

LEA# _____ NAME OF SCHOOL WHERE STUDENTS EAT _____

SCHOOL ADDRESS _____

ENROLLMENT AS OF 10-01-14 _____ # OF FREE ELIGIBLES _____

OF REDUCED-PRICE ELIGIBLES _____ # OF PAID ELIGIBLES _____

THE SEPTEMBER 2014 CLAIM CANNOT BE PROCESSED WITHOUT THIS INFORMATION

Attach to SEPTEMBER Claim for Reimbursement and eSchoolPlus 431, 331, 436 and 336 reports.

Submit no later than October 15, 2014:

BY MAIL:

ADE Child Nutrition Unit

Attn: Donna Ratliff

2020 West 3rd Street, Suite 404

Little Rock, AR 72205

BY FAX: 501-324-9505

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FOR CHILD NUTRITION USE ONLY

Date received _____

Access _____

Child Nutrition System _____
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